

winter
14



A Quarterly Newsmagazine Serving the Soldiers, Staff, and Beneficiaries of the U.S. Army Southern Regional Medical Command

S R M C S T A R SENTINEL

INSIDE THE ISSUE

**COMMANDER'S
CALL**
Page 2

CSM NOTE
Page 3

**PERFORMANCE
TRIAD: SLEEP**
Page 4

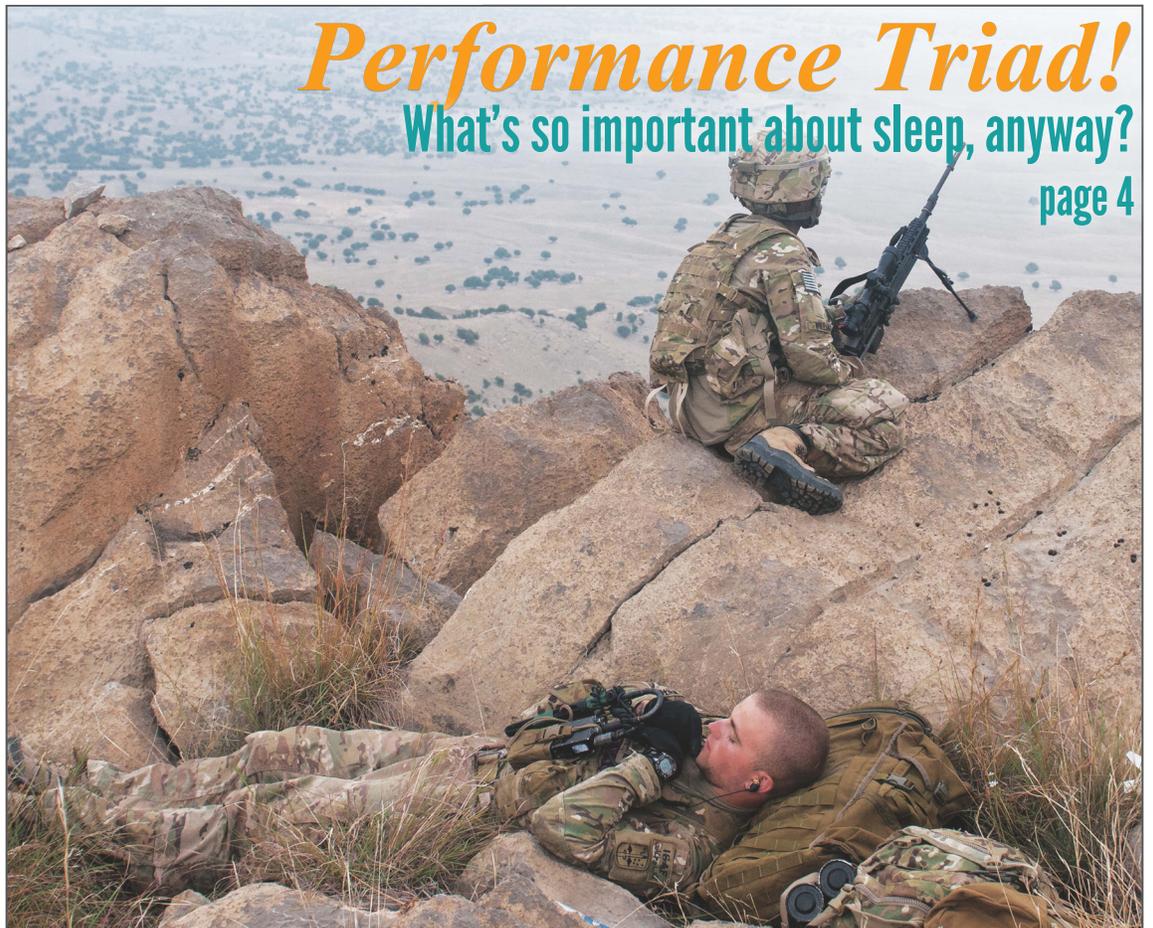
**ARMY
RESTRUCTURES
WTUS**
Page 5

**PATIENT
RECOGNITION
MONTH**
Page 7

**ARMY NURSE CORPS
ANNIVERSARY**
Page 11

TRICARE UPDATES
Page 12

**AROUND THE
REGION**
Page 14



Performance Triad!

What's so important about sleep, anyway?

page 4

**LOSS OF SLEEP =
LOSS OF PERFORMANCE**



COMMANDER'S CALL

SRMC Team!

I hope you all had a wonderful, safe holiday season! Now that we're all done with the feasting, I know you think I'm going to try to get you all to make some unrealistic New Year's resolutions. But that's not the 'R' word I want you to think about. What I want you to think about, and to work toward, is Readiness. But I don't want you to do it all at once! If you try to do everything all at once, you're going to be overwhelmed, and you're going to throw your hands in the air and say, "I give up; I can't do any of it!" But, you can do it, just not like that. So we're going to look at Readiness through the lens of the Surgeon General's Performance Triad.



Let's talk about good **Nutrition** and what kind of small steps you can take that will lead to healthy changes in your everyday eating habits. Take stock of what your daily meals and snacks entail, and look for places you can make healthy substitutions. Instead of a bag of chips or a candy bar, pack an apple or carrots as a snack between meals. When you feel a soda craving, grab a glass of water, flavored with a twist of lemon or other fruit juice. Making those small changes, and sticking to them, will make a very healthy difference in your daily living. And if one day, you give in and reach for the carbonation and the chocolate, don't give up! Start again the next day.

"But I don't have time to exercise!" "I'll never get enough **Activity** in!" I understand that not everyone can get their five-mile run in before breakfast, but you can get a pedometer and use it. See how many steps you take, park farther from the door when you go the store or to work. Stand up at your desk; walk at lunch. I promise you that five minutes here and there in your day can begin to make a big difference, and *not* just in the numbers you read on the scale, but in building an active lifestyle that will keep you heart healthy.

One of the hardest tenets of the Performance Triad to stick to with any kind of consistency is **Sleep**. Everyone tries so hard to fit too many activities into a 24-hour day. If you do that, there is *no way* you are going to get your full eight hours of sleep in at the end of it all. Plus, if you lay down three hours earlier than you normally do, you will probably toss and turn for at least an hour and a half. So tonight, turn off the television, or computer, an hour earlier and read a book instead. Spend some quiet time with your significant other or your children and go to bed a half hour earlier instead—work up to those eight hours. It is so important to give your body time to rest, recharge and reboot for the next day. Remember sleep eight to feel great!

These small changes in your daily activities can lead to improved Lifespace and greater resilience. You are all important to me, and I want you to be at your best.

Serving to Heal... Honored to Serve


Jimmie O. Keenan
Major General, U.S. Army
Commanding General

SRMC STAR SENTINEL STAFF

- Maj. Gen. Jimmie O. Keenan.....Commanding General
- Diana Struski.....Director of Communications
- Lindan Moya.....Public Affairs Officer
- Erin Perez.....Editor

The Star Sentinel is an authorized publication for members of the U.S. Army Southern Regional Medical Command, published under the authority of AR 360-1. Contents are not necessarily official views of, or endorsed by, the U.S. Government Department of Defense, Department of the Army or this command. The Star Sentinel is published quarterly by the Directorate of Communications, Southern Regional Medical Command. Questions, comments or submissions for the Star Sentinel should be directed to the editor at usarmy.jbsa.medcom-srmc.list.web@mail.mil.

Unless otherwise indicated, all photos are U.S. Army Photos.



CSM NOTE

Team SRMC!



I would like to wish the Medical Enlisted Corps a Happy Birthday! At 127 years old we are one of the oldest corps in the Army Medical Department. On March 1, 1887, the Medical Enlisted Corps was formally established as the Hospital Corps. With the designation came “new chevrons.” General Order 29 directed hospital stewards to wear full sized chevrons that had three stripes below and one on top with a red cross in the center. Even prior to this formal recognition, hospital stewards were known to be individuals who were honest and above reproach. Their duties included discipline of staff and patients, personnel management, food service, medical supply and overall administration of the hospital. Our scope of responsibility has obviously expanded over the last 127 years; however, the basic tenets have stood the test of time. I am extremely proud to have had the opportunity to serve in the Enlisted Corps, and

I thank each and every one of you within our ranks for your willingness to serve our nation where the rubber meets the road. We will celebrate the lineage of the Medical Enlisted Corps across the Southern Regional Medical Command in the coming months with a myriad of events consisting of NCO Induction Ceremonies, Esprit de Corps runs and luncheons. I would also ask that we remember those enlisted Soldiers who came before us and their immeasurable contributions that have enabled us, the Enlisted Corps, to be the envy of every Army in the world.

In October of last year, I attended the Annual Association of the United States Army meeting in Washington D.C. where I participated in the Sergeant Major of the Army’s breakout session. The focus of the session was America’s Army – Our Profession. The discussion was primarily focused on **Trust**, which I believe has played an integral part in our success and longevity as an Enlisted Corps. It is not my intent to provide a philosophical lecture on the topic, but rather to share the SMA’s message and reinforce the importance of trust from my own perspective as SRMC’s Senior Enlisted leader. The dialogue was straightforward and thought provoking as to how we as leaders earn and, more importantly, keep the trust of the Soldiers, Families and Army civilians we are entrusted to lead through the challenges that lie ahead. The SMA conveyed to the group that trust is the bedrock of our profession; it is the essence of being an effective Soldier and Army civilian. The SMA highlighted the fact that the Army has updated its doctrinal manuals, specifically Army Doctrine Publication 1, *The Army*, and Army Doctrine Reference Publication 1, *The Army Profession*. These capstone documents define and describe the essential characteristics of the Army Profession and how trust is intertwined in those characteristics. I recommend that all Soldiers and Army civilians become familiar with these publications and incorporate them into your leadership development sessions.

There are multiple opportunities within our organizations to create and influence an environment of trust. One area where I see room for improvement is the reception and integration process, this is the first exposure a Soldier or Army civilian has to form an impression about the new organization they are joining. Too often we provide these people with a checklist and a map and send them on their way with minimal guidance and even less follow-up. Your sponsorship program and those selected to be sponsors is another area that should garner some attention. When these programs are well-managed new members of the team naturally begin to trust in their leaders and their new team. How do you know when your programs are effective? When your new personnel start out believing the organization they joined is the best organization in the Army. It is not enough to talk about trust; we must set the example through our actions. These two processes provide immediate opportunities to highlight our **Compassion, Care and Commitment** with **Trust** as the underpinning. Senior noncommissioned officers are excellent managers of these two essential programs and so I ask each of you to evaluate the effectiveness of your Reception and Integration and Sponsorship programs to ensure they are conveying the message you desire while instilling trust throughout your organizations.

Compassion – Care – Commitment

Serving To Heal...Honored To Serve

Jayme D. Johnson
Command Sergeant Major



Hospital Steward Chevrons



Get Quality Sleep

Recently, the Army Surgeon General emphasized the importance of Sleep in the Performance Triad by rearranging the order of the three tenets to Sleep, Activity and Nutrition. Sleep plays a fundamental role in overall health and wellness. A lack of sleep frequently impacts a person's ability to be active and to also make good, healthy food choices. Several studies focused on sleep amongst members of the military have demonstrated that most service members suffer from a type of sleep problem.^{1,2,3}

Research also supports that sleep problems can be significant predictors of suicidal ideation in young service members² and that more than seven out of 10 Soldiers suffer from a condition known as short sleep duration.¹ A lack of sleep has been long associated with an increase in obesity and metabolic syndrome.⁴ Overtime, it becomes a vicious cycle; lack of sleep contributes to a decrease in activity and an increase in obesity, and obesity has been linked to obstructive sleep apnea. Obstructive sleep apnea occurs when the airway collapses or becomes blocked during sleep. Having sleep apnea makes what little sleep an individual receives of a poorer quality, and that can stress the heart.⁴ Being tired can also increase the risk of motor vehicle or work-related accidents. According to the National Institutes for Health, almost 40 percent of adults said that they have unintentionally fallen asleep during the day at least once a month.

To help Soldiers, civilians, family members and all of America's Sons and Daughters, the Army Medical Command has posted many useful tools, to include brochures and videos at <http://armymedicine.mil/Pages/performance-triad.aspx>.

Army Col. (Dr.) William Frey, a Brooke Army Medical Center sleep expert and consultant to the Surgeon General for sleep medicine, recommends the following sleep hygiene tips:

-  Plan to get seven to eight hours of sleep.
-  Do not consume caffeine within six to seven hours before bedtime.
-  Avoid alcoholic beverages before bedtime.
-  Avoid eating a large meal right before bedtime.
-  As much as possible, attempt to control light, noise and temperature in your bedroom.
-  Reserve your bedroom for sleep or intimacy; do not watch television, work on your computer or participate in other activities that distract from falling asleep in your bedroom.
-  Turn the alarm clock around; waking up and seeing how much time is left to sleep can cause anxiety which in turn results in less sleep.

A physician may order a sleep study when good sleep hygiene is not working for someone, and also if the patient's partner or spouse reports that they snore excessively. For more information on sleep apnea, visit <http://www.nhlbi.nih.gov/health/health-topics/topics/sleepapnea/>

You can also view the studies mentioned in the article below.

1. Luxton DD; Greenburg D; Ryan J; Niven A; Wheeler G; Mysliwiec V. Prevalence and impact of short sleep duration in redeployed OIF soldiers. *SLEEP* 2011;34(9):1189-1195
2. Ribeiro JD, Pease JL, Gutierrez PM, Silva C, Bernert RA, Rudd MD, Joiner TE Jr. Sleep problems outperform depression and hopelessness as cross-sectional and longitudinal predictors of suicidal ideation and behavior in young adults in the military. *J Affect Disord.* 2012 Feb;136(3):743-50.
3. Lentino CV, Purvis DL, Murphy KJ, Deuster PA. Sleep as a component of the performance triad: the importance of sleep in a military population. *J US Army Medical Dep.* 2013;
4. Tuomilehto H, Seppä J, Uusitupa M. Obesity and obstructive sleep apnea—Clinical significance of weight loss. *Sleep Medicine Reviews* [serial online]. October 2013;17(5):321-329.

Poor sleep is a significant national and Army health concern. Soldiers report, on average, 5.6 hours of sleep per day, and most often underestimate their own significant impairment due to lack of sleep. The current Army guidance is seven to nine hours of sleep per a 24 hour period for maximum, optimal performance.

Army restructures Warrior Transition Units

The United States Army announced on Jan. 9 a restructuring of its Warrior Transition Units as the service prepares for a scheduled withdrawal of troops from Afghanistan and a continued decline in the number of combat wounded.

According to Brig. Gen. David Bishop, commander, Warrior Transition Command and assistant surgeon general for Warrior Care and Transition, "These changes will improve the care and transition of Soldiers through increased standardization, increased cadre to Soldier ratios, improved access to resources on installations, and reduced delays in care. They are not related to budget cuts, sequestration or furloughs."

As part of the restructuring, the Army will inactivate five WTUs and establish more than a dozen Community Care Units across 11 installations by September 30. The transition to CCUs will result in the inactivation of nine Community-Based Warrior Transition Units, which currently provide outpatient care and services for Army

Reserve and National Guard Soldiers who do not require day-to-day care, allowing Soldiers to continue their recovery closer to home.

Warrior Transition Units are located at major military treatment facilities and provide support to wounded, ill and injured Soldiers who require at least six months of rehabilitative care and complex medical management. Under Community Care, CBWTU Soldiers - those healing at home - will be assigned to CCUs at WTUs located on Army installations. Soldiers will not have to move or change their care plans.

Thirteen CCUs will stand up at the following Army installations: Fort Carson, Colo.; Joint Base Lewis-McChord, Wash.; Forts Hood and Bliss, Texas; Fort Riley, Kan.; Fort Knox, Ky.; Forts Benning, Stewart, and Gordon, Ga.; Fort Bragg, N.C.; and Fort Belvoir, Va. Forts Belvoir and Knox will each have two CCUs. All nine CBWTUs are identified for inactivation: Alabama, Arkansas, California, Florida, Illinois, Massachusetts, Puerto Rico, Utah

and Virginia. The Puerto Rico CBWTU will become a Community Care detachment under the mission command of the Fort Gordon Warrior Transition Battalion.

WTUs slated for inactivation include: Fort Irwin, Calif.; Fort Huachuca, Ariz.; Fort Jackson, S.C.; Joint Base McGuire-Dix-Lakehurst, N.J.; and the United States Military Academy, West Point, N.Y. Each location has fewer than 38 Soldiers assigned to the WTU (as of Dec. 20, 2013).

Every attempt will be made to allow Reserve Component cadre to serve out their tours. Active Duty personnel assigned to units set for inactivation or force structure reductions will be reassigned in accordance with current Army Human Resources Command policies.

Civilian employees impacted by the force structure changes will be reassigned based on their skill sets, the needs of the Army and available employment opportunities.

Comprehensive Behavioral Health is #4 in the SRMC Six

The SRMC Six was established as the top six focus areas for excellence. While fourth on the list, implementing the Comprehensive Behavioral Health System of Care Campaign Plan may be one of the most significant changes for military medicine.

Army behavioral health is in the midst of a complete transformation from a traditional silo model of care to a proactive, integrated, metrics-driven and patient-centered behavioral health system of care. Behavioral health providers must understand the climate and culture of the Army. This includes communication between providers and commanders within the guidelines of HIPAA and an understanding of Army regulations that may be applicable.

SMRC and its 11 military treatment facilities are standardizing behavioral health in order to provide accessible

CBHSOC and the Performance Triad are essential to the Army's Ready and Resilient Campaign efforts. For a Soldier to be considered medically ready to deploy they must also be psychologically ready to deploy. The Performance Triad is focused on getting back to the basics of sleep, activity and nutrition, as both leaders and healthcare providers are fundamental in optimizing health, performance and

and appropriate behavioral healthcare without any stigma attached. Through the execution of this campaign, SRMC expects to support the deployment of healthy, resilient, and fit Soldiers; increase the medical readiness of the Army; and effectively manage the Medically Not Ready population to return the maximum number of Soldiers to deployable status.

resilience, which results in a medically ready force. SRMC, united with its Army partners, is committed to a cohesive effort to standardize behavioral health care and increase the medical readiness of the Army.

The SRMC Six

- 1. Patient Centered Medical Home*
- 2. Integrated Disability Evaluation System*
- 3. Soldier Medical Readiness Processing Campaign Plan*
- 4. Comprehensive Behavioral Health System Of Care*
- 5. Comprehensive Pain Management Plan*
- 6. Core Business Operations Metrics*



Cooler weather increases safety risks

by Lou Olive, SRMC Safety Director

Although winter comes as no surprise, many of us are not ready for its arrival. If you are prepared for the hazards of winter, you will be more likely to stay safe and healthy when temperatures start to fall.

Many people prefer to remain indoors in the winter, but staying inside is no guarantee of safety. Take these steps to keep your home safe and warm during the winter months.

Winterize your home:

Install weather stripping, insulation, and storm windows.

Insulate water lines that run along exterior walls.

Clean out gutters and repair roof leaks.

Check your heating systems:

Have your heating system serviced professionally to make sure that it is clean, working properly and ventilated to the outside.

Inspect and clean fireplaces and chimneys.

Install a smoke detector. Test batteries monthly.

Have a safe alternate heating source and alternate fuels available.

Prevent carbon monoxide (CO) emergencies:

Install a CO detector to alert you of the presence of the deadly, odorless, colorless gas.

Check batteries regularly.

Learn symptoms of CO poisoning: headaches, nausea and disorientation.

Get your car ready for cold weather use before winter arrives:

Service the radiator and maintain antifreeze level; check tire tread or, if necessary, replace tires with all-weather or snow tires.

Keep gas tank full to avoid ice in the tank and fuel lines.

Use a wintertime formula in your windshield washer.

Prepare a winter emergency kit to keep in your car in case you become stranded.

Include:

blankets

food and water

booster cables, flares, tire pump, and a bag of sand or cat litter (for traction)

compass and maps

flashlight, battery-powered

radio, and extra batteries

first-aid kit

plastic bags (for sanitation)

Be prepared for weather-related emergencies, including power outages. Stock food that needs no cooking or refrigeration and water stored in clean containers. Keep an up-to-date emergency kit, including battery-operated devices, such as a flashlight, a National Oceanic and Atmospheric Administration (NOAA) Weather Radio, and lamps; extra batteries; first-aid kit and extra medicine; baby items; and cat litter or sand for icy walkways.

Many people spend time outdoors in the winter working, traveling, or enjoying winter sports. Outdoor activities can expose you to several safety hazards, but you can take these steps to prepare for them:

Wear appropriate outdoor clothing: layers of light, warm clothing; mittens; hats; scarves; and waterproof boots.

Sprinkle cat litter or sand on icy patches.

Learn safety precautions to follow when outdoors:

Be aware of the wind chill factor.

Work slowly when doing outside chores.

Take a buddy and an emergency

kit when you are participating in outdoor recreation.

Carry a cell phone.

Protect your family from carbon monoxide:

Keep grills, camp stoves, and generators out of the house, basement and garage.

Locate generators at least 20 feet from the house.

Leave your home immediately if the CO detector sounds and **call 911**.

When planning travel, be aware of current and forecast weather conditions:

Avoid traveling when the weather service has issued advisories.

If you must travel, inform a friend or relative of your proposed route and expected time of arrival.

Follow these safety rules if you become stranded in your car.

Stay with your car unless safety is no more than 100 yards away.

Stay visible by putting bright cloth on the antenna, turning on the inside overhead light (when engine is running), and raising the hood when snow stops falling.

Run the engine and heater only 10 minutes every hour.

Keep a downwind window open.

Make sure the tailpipe is not blocked.

Above all, be prepared to check on family and neighbors who are especially at risk from cold weather hazards: young children, older adults, and the chronically ill. If you have pets, bring them inside. If you cannot bring them inside, provide adequate, warm shelter and unfrozen water to drink. No one can stop the onset of winter. However, we can all practice good safety habits and be prepared.

Navigating the patient's role in patient care

When it comes to their personal healthcare, many patients perceive doctors as having the final word when it comes to managing care. Although doctors and other health professionals play a major role in guiding informed decision-making, each individual patient is ultimately responsible for getting the care they need.

First, patients should know or have a copy of their health history, including prior hospitalizations, and a list of current and past medical problems. Patients should think of their health as a story that needs to be told. In order to completely and accurately understand the story, doctors need every chapter, including whether current symptoms are new, or a

continuation of prior symptoms. This is especially important if a patient is receiving treatment from several different doctors or if a patient is seeing a provider for the first time.

offices have moved to file sharing or electronic file transfers, in some instances, patients may have to make copies and bring the files to their doctor(s).

Next, be sure to have a list of all current medication, whether prescription, over-the-counter drugs, vitamins or herbal supplements, and please include the dosage. If necessary, just bring everything in a single bag and bring it to the appointment. This is also a good time to check for expired medications.

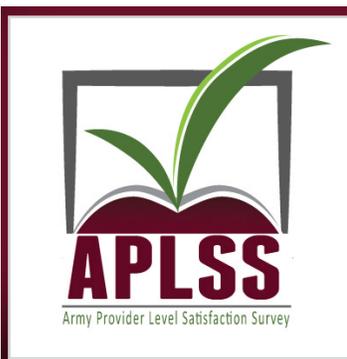
While compiling records and gathering medications, make a written list of the top three to five issues to discuss with the doctor.

physicians.” However, the findings also showed that many patients don't speak up because they don't want to question the doctor's instructions, feel that their doctor is intimidating, or because they don't want to be labeled as a difficult patient. Patients should remember it's their health care. Be direct, honest and as specific as possible when recounting symptoms or expressing concerns. If that's not possible, bring along a family member or friend to the appointment so they can help ask questions, listen to the doctor's instructions, or just offer support.

Lastly, it is important for patients to know and understand their TRICARE health care benefits; especially what

Having a list helps patients stay on track during appointments and address the most pressing concerns first. Preparing a list of issues to discuss also helps self-confidence when talking to the doctor. Last year, Health Affairs, a monthly health policy journal, published findings that “participants voiced a strong desire to engage in shared decision making about treatment options with their

TRICARE does and does not cover. They should know about their co-pays, cost-shares and deductibles, and also where to find this information when they need it. Knowing this information helps when it's time to make decisions about choosing a provider or specialist and when planning preventive care. For more information, visit www.tricare.mil/plans.



After your appointment you may receive an **Army Provider Level Satisfaction Survey** in the mail.

Please don't throw it away. Fill out the survey on the paper provided (prepaid return envelope included), online at the link provided, or call the number listed to complete the short telephone survey.

Thank you!

SRMC launches Ambassador and Speakers Bureau Program

The Southern Regional Medical Command is proud to announce the launch of their



Ambassador and Speakers Bureau Program in March. Staff will have an opportunity to support community speaking engagements and tell the Army Medicine and Army Readiness story. Community organizations will have access to informative speakers at no cost. Army Medicine speakers are well-

qualified subject matter experts, such as physicians, nurses, healthcare administrators, educators and Allied Health professionals, and are dedicated to excellence. Community organizations may consist of public, non-profits, federal, state and local agencies, academia, healthcare providers and others.

A speakers bureau acts as a resource for people who plan meetings, conferences and special events, and facilitate the booking of the perfect speaker for an event.

For more information and speaker topics, view the SRMC website at <http://www.srmc.amedd.army.mil/>.

February is National Cancer Prevention Awareness Month

Making healthy choices like receiving regular medical care, avoiding tobacco, limiting alcohol use, avoiding excessive exposure to ultraviolet rays from the sun and tanning beds, eating a diet rich in fruits and vegetables, maintaining a healthy weight, and being physically active are ways to prevent cancer deaths and lead a healthy lifestyle. According to the American Cancer Society, death rates from cancer in the U.S. have declined steadily during the past two decades.

The cancer death rate for men and women combined fell 20 percent from its peak in 1991 to 2010, the most recent year for which data is available. The decline translates to approximately 1,340,400 cancer deaths avoided during this time period.

Cancer is a complex group of diseases with many possible causes. Cancer can be caused by genetic factors; lifestyle factors such as tobacco use, diet and physical activity; certain types of infections; and environmental exposures to different types of chemicals and radiation. In general, the earlier cancer is found and treated, the better the chances are to prevent death from cancer. The Department of Health and Human Services reports the top 10

cancers in the U.S., in 2010, were:

1. Prostate
2. Breast
3. Lung and Bronchus
4. Colon and Rectum
5. Uterus
6. Urinary Bladder
7. Melanomas of the skin
8. Non-Hodgkin Lymphoma
9. Kidney and Renal Pelvis
10. Thyroid

In the Army, the framework for promoting a healthier lifestyle is through the Army's Performance Triad of sleep, activity and nutrition. The Performance Triad promotes a system of healthy behaviors that support individual, Soldier and unit readiness and resiliency, as well as a lifestyle of healthy behaviors for the entire Army Family. For more information on the Performance Triad visit www.armymedicine.army.mil/PerformanceTriad.

Sources: Department of Health and Human Services, Centers for Disease Control and Prevention; National Center for Chronic Disease Prevention and Health Promotion; Division of Cancer Prevention and Control; and National Cancer Institute

SRMC Human Resources

~ Pathways to Success ~

SRMC Civilian Human Resource personnel are available to assist all military treatment facility commanders, staff and headquarters employees, while assessing HR performance across the Region. One focus area includes the recruitment and hiring of highly-qualified professionals in a myriad of occupational specialties. The federal government is changing the way that mission is accomplished via USAJOBS. Here are some of the recent additions to the federal employment toolbox:

Hiring Reform

The ability of agencies to perform their missions effectively and efficiently depends on a talented and engaged workforce, and reforming our hiring system will help to further strengthen that workforce.

[Improving the Federal Recruitment and Hiring Process](#) is Phase I of President Barack Obama's initiative to overhaul the way the federal government recruits and hires the federal civilian workforce. The changes have arisen from issues that job seekers and employees alike have brought to the attention of Office of Personnel Management, and are designed to help agencies build the workforce needed to achieve important goals.

Eliminating Essay-Style Questions:

KSAs, or narrative knowledge, skills, and abilities essay questions, may deter highly talented individuals with limited time from seeking a position in the federal government. Instead, individuals are now able to apply for federal employment by submitting resumes and cover letters or completing simple and plain language applications.

Flexibility for Managers: Hiring managers will no longer be limited to make a selection among only the highest scoring applicants. Instead, agencies will be provided with a larger number of qualified applicants by

using the "category rating" approach (as authorized by section 3319 of title 5, United States Code), rather than the Rule of 3 approach. Veterans continue to be eligible for preference and are encouraged to apply.

Reducing Time-to-Hire: In addition to increasing the quality of agency hiring, agencies are steadily decreasing the time from when an agency posts a job opportunity announcement to the time of hire. Agencies are able to substantially reduce the time it takes to hire mission-critical and commonly filled positions by sharing lists of best qualified applicants for commonly filled government-wide occupations and eliminating the need for applicants to apply more than once to a range of similar positions.

Application Status Updates

Throughout key stages of the application process, individuals applying for federal employment will be notified through USAJOBS about the status of their application. Applicants are also encouraged to contact the individual listed on the job opportunity announcement. For more information, click [Hiring Reform](#).

How to Translate your Military Skills into a Civilian Career

What is the Military Skills Translator? The Military Skills Translator is an online tool offered by the U.S. Department of Veterans Affairs to help veterans translate their skills, experience and training into potential civilian employment opportunities. The translator guides veterans through their job-search process, helping them find opportunities that match their capabilities.

The Military Skills Translator considers service branch, pay grade and military job title to help find civilian job matches for veterans. It also lets veterans add subspecialties

and special training to further refine their search.

Do you want to translate your military experience into a great civilian career? Try the [Military Skills Translator](#) and start today!

Department of Defense's Education and Employment Initiative

Are you an active duty recovering service member looking for an education and employment opportunity to help prepare for your transition? Education and Employment Initiative (E2I) is a DoD program to assist active duty, recovering service members, who are in a Wounded Warrior Program and/or in the Integrated Disability Evaluation System early in their recovery process, identify their skills and match them with the education and career opportunities they will need to successfully transition to civilian life.

The 10 Regional Coordinators across the country work with military departments, federal agencies, the private sector and institutions to locate training, employment and education opportunities for service members. But their commitment doesn't end there - throughout the program they provide expert education and career advice and guidance throughout recovery to prepare the service member for either a return to duty or a transition into a successful, productive civilian life.

If you are a recovering, active duty service member looking for an opportunity like this, or if you are a Transition Coordinator and know of a recovering Service member who would benefit from E2I, please contact: osd.pentagon.osd-p-r.mbx.ed-employment-initiative-e2i@mail.mil



February is American Heart Month

My Life Check® was designed by the American Heart Association with the goal of improved health by educating the public on how best to live. These measures have one unique thing in common: any person can make these changes, the steps are not expensive to take and even modest health improvements will make a big difference. Start with one or two. This simple, seven step list has been developed to deliver on the hope--to live a long, productive healthy life.

1. **Get Active**
2. **Eat Better**
3. **Lose Weight**
4. **Stop Smoking**
5. **Control Cholesterol**
6. **Manage Blood Pressure**
7. **Reduce Blood Sugar**

Go to <http://mylifecheck.heart.org> to learn more about Life's Simple 7™ and My Life Check®, and you can stop heart disease before it even starts.



Great ways to enjoy
MORE fruits and veggies!

Building a healthy plate is easy when you make half your plate fruits and vegetables. It's also a great way to add color, flavor and texture plus vitamins, minerals and fiber. Try the following tips to enjoy more fruits and vegetables every day.

- **Variety** abounds when using vegetables as pizza topping. Try broccoli, spinach, green peppers, tomatoes, mushrooms and zucchini.
- **Mix up** a breakfast smoothie made with low-fat milk, frozen strawberries and a banana.
- **Make** a veggie wrap with roasted vegetables and low-fat cheese rolled in a whole-wheat tortilla.
- **Try** crunchy vegetables instead of chips with your favorite low-fat salad dressing for dipping.
- **Grill** colorful vegetable kabobs packed with tomatoes, green and red peppers, mushrooms and onions.
- **Add** color to salads with baby carrots, grape tomatoes, spinach leaves or mandarin oranges.
- **Keep** cut vegetables handy for mid-afternoon snacks, side dishes, lunch box additions or a quick nibble while waiting for dinner.
- **Place** colorful fruit where everyone can easily grab something for a snack-on-the-run, like a bowl of fresh whole fruit in the center of your kitchen or dining table.
- **Stuff** an omelet with vegetables. Turn any omelet into a hearty meal with broccoli, squash, carrots, peppers, tomatoes or onions with low-fat sharp cheddar cheese.
- **"Sandwich"** in fruits and vegetables. Add pizzazz to sandwiches with sliced pineapple, apple, peppers, cucumber and tomato as fillings.
- **Wake** up to fruit. Make a habit of adding fruit to your morning oatmeal, ready-to-eat cereal or yogurt.
- **Top** a baked potato with beans and salsa or broccoli and low-fat cheese.
- **Microwave** a cup of vegetable soup with a sandwich for lunch.
- **Add** grated, shredded or chopped vegetables like zucchini, spinach and carrots to lasagna, mashed potatoes, pasta sauce and rice dishes.
- **Make** fruit your dessert: Slice a banana lengthwise and top with a scoop of low-fat frozen yogurt. Sprinkle with a tablespoon of chopped nuts.
- **Stock** your freezer with frozen vegetables to steam or stir-fry for a quick side dish.
- **Make** your main dish a salad of dark, leafy greens and other colorful vegetables. Add chickpeas or edamame (fresh soybeans).
- **Fruit** on the grill: Make kabobs with pineapple, peaches and bananas. Grill on low heat until fruit is hot and slightly golden.
- **Dip** carrots or other sliced veggies in hummus, baked tortilla chips in salsa, and strawberries or apple slices in low-fat yogurt.

Source: *The American Academy of Nutrition and Dietetics*

Army Nurse Corps celebrates 113 years of service

by Col. Jean Dailey, SRMC Regional Nurse Executive



February 2 marked the 113th anniversary of the establishment of the Army Nurse Corps.

Since 1901 Army nurses have demonstrated again and again their total commitment to the highest standards of military nursing excellence. Both men and women have served as Army nurses since 1775, but the Army Nurse Corps did not become a part of the Army Medical Department until 1901. The distinguished contributions of female contract nurses during and following the 1898 Spanish-American War became the justification and demonstrated the need for a permanent female nurse corps.

Throughout its history, the Army Nurse Corps has earned the deep respect and gratitude of the American people because of its dedication to providing the best possible care to our Soldiers and their Families while

serving our country in war and peace. Army nurses have unselfishly come to the aid of victims of disaster and disease throughout the world. Over time, the mission has grown broader, yet there has been one constant, the devotion of the individual nurse in providing excellent nursing care.

In recent history, two Army Nurse Corps officers have given the ultimate sacrifice in defending our freedom. 1st Lt. Sharon Lane was mortally wounded on June 8, 1969, by hostile fire while working in the 312th Evacuation Hospital in Chu Lai, Republic of Vietnam. Lane was the only American service woman killed in Vietnam as a direct result of enemy fire. Capt. Jennifer Moreno was killed in action in Afghanistan on October 6, 2013, while assigned to the 75th Ranger Regiment, while rendering medical aid to casualties. The enemy triggered multiple suicide explosive devices and improvised explosives during the attack. Moreno was the second active duty Nurse Corps officer



overseas contingency operations casualty. Both individuals were Soldiers, nurses and daughters.

It is indeed an honor to provide compassionate and patient centered care for America's Sons and Daughters and celebrate 113 years of selfless service.

An Appointment Missed by You, is an Appointment Missed by Two.

Please don't be a No-Show! A no-show is an individual who misses or is late to an appointment without cancelling or rescheduling. Patients can cancel appointments in a number of ways:

1. Call the clinic/providers appointment line phone number.
2. Select the cancellation option during automated appointment reminder calls.
3. Log-in to TRICARE Online at www.tricareonline.com.



A prescription for getting things done

With online services from Army Medicine Secure Messaging Service, you can:



- Book appointments
- Request/review lab and test results
- Request medication refills
- Request a referral
- Email your doctor a question
- Schedule web visits with your doctor

It's healthcare that clicks!

To register for online services, visit with your care team administrator or call the office for more details. Sign up today and start making your life easier!





TRICARE Over-the-Counter Demo Program extended until 2016

TRICARE beneficiaries may continue to receive select over-the-counter medications at no cost to them until Nov. 30, 2016. The Department of Defense has extended the Over-the-Counter Medication Demonstration Project to allow more time to determine its effectiveness. The OTC Demo began in 2009 and was scheduled to end November 2014.

The OTC Demo allows TRICARE beneficiaries to get OTC medications from retail network pharmacies and TRICARE Pharmacy Home Delivery at no cost. Beneficiaries must get a prescription from their doctor for most of the medications covered under the OTC Demo. Covered drugs include allergy medications Cetirizine and Loratadine (brand names Zyrtec® and

Claritin®) and heartburn medication Omeprazole (Prilosec OTC®).

The OTC Demo now includes the Plan-B One-Step Emergency Contraceptive (levonorgestrel). Plan-B is available at no cost and without a prescription to all active duty service women and female beneficiaries who can bear children, without any age restriction. The U.S. Food and Drug Administration approved Plan-B for use without a prescription in June 2013. All military pharmacies already carry Plan-B. Plan-B is not available through TRICARE Pharmacy Home Delivery,



because it must be taken within three days.

For more information about the OTC Demo, go to www.tricare.mil/otcdemo. The online formulary search tool, www.pec.ha.osd.mil, allows TRICARE beneficiaries to see which prescription medications TRICARE covers and determines the applicable cost.

TRICARE closes Walk-in Service Centers April 1, 2014

To keep up with the rapidly increasing number of TRICARE beneficiaries who most often turn to a laptop or cell phone when they have questions, walk-in service at local TRICARE Service Centers will no longer be available as of April 1, 2014.

Tricare Beneficiaries and patients still have a wide variety of secure, electronic customer service options available through www.tricare.mil. The new “I want to.....” feature puts everything beneficiaries want to do online right on the front page of www.tricare.mil. When walk-in service ends April 1, beneficiaries who want

personal assistance can call TRICARE South at 1-800-444-5445 for enrollment and benefit help. All health care, pharmacy, dental and claims contact information is located at www.tricare.mil/contactus.

Beneficiaries can get 24/7 TRICARE benefit information at www.tricare.mil, and make enrollment and primary care manager changes, and more online at www.tricare.mil/enrollment

Rather than driving to an installation TSC, TRICARE beneficiaries can even combine high-tech with low-tech by

downloading health care forms online and sending them in the old fashion way, through the U.S. mail – at a cost of less than 50 cents.

Walk-in customer service is also the most expensive possible customer service option. By eliminating walk-in customer service at TSCs, the Department of Defense estimates savings of approximately \$250 million over five years. The change does not affect TRICARE benefits or health care delivery.

Find out more at www.tricare.mil/TSC.



Congratulations to the following SRMC clinics for their recent level 3 recognition by the National Committee for Quality Assurance!

Hawks Troop Medical Clinic – Fort Stewart, Ga.
(Soldier Centered Medical Home)

Adult Primary Care Clinic – Martin Army Community Hospital, Fort Benning, Ga.
(Patient Centered Medical Home)

March is Brain Injury Awareness Month

- 1.7 million people, including 475,000 children, sustain a traumatic brain injury in the U.S. each year, and 3.1 million individuals live with a life-long disability as a result of TBI.
- Each year 275,000 people will be hospitalized and 1.365 million people will be treated and released from the emergency department for head injuries.
- Just as no two people are exactly alike, no two brain injuries are exactly alike.

ANYTIME, ANYWHERE

ANYONE

BRAIN INJURIES DO NOT DISCRIMINATE

 BRAIN INJURY ASSOCIATION

WWW.BIAUSA.ORG

The graphic features the words "ANYTIME, ANYWHERE" in a white, sans-serif font at the top. Below this, the word "ANYONE" is written in large, 3D, silver letters. Various people of different ages and ethnicities are interacting with the letters: a child on a skateboard, a soldier with a child, a woman lying on the ground, an elderly couple, a woman sitting on the ground, and a man with a dog. At the bottom, the text "BRAIN INJURIES DO NOT DISCRIMINATE" is written in a bold, black, sans-serif font. Below this is the Brain Injury Association logo, which consists of a stylized blue and white graphic of a brain, followed by the text "BRAIN INJURY ASSOCIATION". In the bottom right corner, the website "WWW.BIAUSA.ORG" is displayed.



Career workshop for WTB's wounded warriors promotes entrepreneurship

By Gloria Montgomery
Fort Hood Warrior Transition Battalion,
Public Affairs

For Fort Hood Warrior Transition Brigade Soldier Staff Sgt. Billie McCanick, life after the Army includes helping homeless vets.

For another WTB Soldier, Sgt. 1st Class Ben Lolohea, it's about being better than your competitors.

For Don Rodgers, it's about finding something to fill time while his wife, a WTB Soldier, recovers from her war wounds.

Three different goals, but one common denominator: the entrepreneurial spirit.

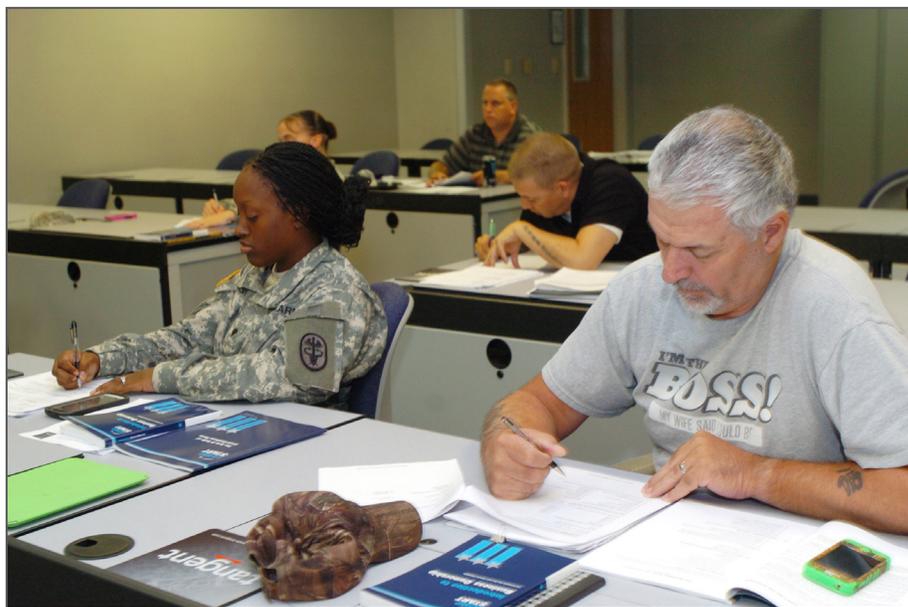
Thanks to WTB's career transitioning resources, their dreams became one step closer to reality with Operation Jump Start, an entrepreneurial workshop designed by Syracuse University's Whitman School of Management.

According to Anthony Thomas, WTB's transition coordinator, the workshop was held to educate Soldiers on not only starting a business, but also evaluating their own transition progression.

"Entrepreneurship and small business ownership are key opportunities for wounded, ill and injured service members, their Families and caregivers," Thomas said, adding Soldiers are natural entrepreneurs, a fact echoed by Dr. John Torrens, who facilitated the two-day workshop that was packed with information on the "nuts and bolts" of the entrepreneurial experience such as marketing, economic and legal issues, business planning and financing.

McCanick, who is assigned to Company B, 1st Battalion, WTB, said the most valuable take away for her was that it gave her a "starting point" toward her dream

of helping homeless veterans and their Families get off the streets by establishing a foundation that centers on finding them housing, jobs and educational opportunities.



Throughout the year, the WTB sponsors career workshops to assist Soldiers who will soon transition to the civilian workforce. U.S. Army Photo by Gloria Montgomery.

Keep up-to-date with SRMC on all our Social Media sites!



www.facebook.com/SouthernRMC



www.twitter.com/SouthernRMC



www.youtube.com/SouthernRMC

Determination, family important part of Soldier's recovery

By Kathy Ports

Bayne-Jones Army Community Hospital, Public Affairs

On June 21, 2011, Sgt. 1st Class Shalee Dodd's life changed forever. While on a convoy in Afghanistan with Company D, 389th Cavalry, 4th Brigade, 10th Mountain Division her vehicle was hit by a rocket propelled grenade. The Soldiers in the vehicle survived the blast, and Dodd was pulled from the wreckage by Spc.

was going to be alright," Robert said. "She's a fighter and it's been a fight all the way."

"The surgeons in Afghanistan basically pieced my leg back together using the only good, functioning, intact vein I had left," said Dodd.

"They reconnected every muscle, every tendon, all the tissues and restructured every vein. Originally I was told I would never walk again, but never is a long time."

Dodd spent the next 43 days on BAMC's orthopedic floor and then began the long journey back starting with physical therapy

at the Center for the Intrepid. Her surgeon, Dr. Joseph Hsu, the head trauma orthopedist, did the rest of the required surgeries needed to advance her recovery. Part of Dodd's recovery included the Intrepid Dynamic Exoskeletal Orthosis brace designed especially to meet her specific needs by Ryan Blanck, a prosthetist at the CFI. Dodd will wear the customized brace for the rest of her life. She and her family remained in San Antonio for six months before returning to Fort Polk.

"I returned to Fort Polk and was reassigned to the Wounded Warrior unit. I also started physical therapy with Capt. Melissa Meagher at Bayne-

Jones Army Community Hospital [Fort Polk, La]. Although the care and technology at the Center for the Intrepid is the best available, there are a lot of Soldiers there, and many with worse injuries than mine," Dodd explained. "At BJACH, I got the one-on-one care from one physical therapist and I truly believe that this made a big difference especially for me. We were a determined team. Each day I went through long hours of grueling PT. I sweated, cried and screamed for about two years," Dodd stressed. "But those long hours of PT paid off and today, although I wear my lower leg brace, I can walk and do things I thought I might never be able to do again. I beat the odds with lots of faith, some extremely hard work and a very loving family."



Sgt. 1st Class Shalee Dodd wears an IDEO brace designed especially for her. The Fort Polk soldier was injured in an attack while serving in Afghanistan. U.S. Army photo by Kathy Ports.

Jean Fournet, the gunner. However, her injuries were severe; Dodd suffered a crushed right leg, and for the next 72 hours, she remained unconscious.

During those critical hours, the skillful hands of orthopedic surgeons at Forward Air Base Shank and then Bagram Air Base were able to save her leg. Dodd survived multiple surgeries in Afghanistan before being transported to Landstuhl, Germany, and then Brooke Army Medical Center in San Antonio, Texas, where her husband, 1st Sgt. Robert Dodd, and three sons were waiting.

"Once I laid eyes on her, I knew she

Celebrate heart health in February!

Get your numbers
Own your life style

Realize your risk
Educate your family
Don't be silent

Find out more at:

<https://www.goredforwomen.org/>

Go
Red
for women™

American Heart
Association



Learn and Live®

1
5

Moncrief ACH Opens \$10M Women's Clinic

By Andre Butler

Moncrief Army Community Hospital, Public Affairs

Moncrief Army Community Hospital hosted a ribbon cutting ceremony and opened a \$10 million Specialty Care and Women's Health Clinic on Nov. 19, 2013.

The newly renovated clinic combines gynecology, surgery and dermatology clinics to create a one stop shop clinic for women.

The facility will provide care for women seeking breast care, to include mammograms, ultrasounds, stereotactic breast biopsies and well-women exams.

The co-location of services will enhance patient flow and provide a friendly environment for Soldiers, family members, retirees, beneficiaries and staff.

The women's health clinic is outfitted with the state-of-the-art equipment and furnishings like new exam tables, and family-friendly amenities.

"Our providers and administrative staff are charged with providing the best healthcare our Soldiers, families and veterans deserve and expect," explained Col. Mark Higdon, Moncrief Army Community Hospital commander, "and this multi-million dollar clinic shows our dedication to ensuring our patients receive that care."



From left, Construction Project Manager Lavern Meggett, MACH Command Sgt. Major Vincent Bond, MACH Commander Col. Mark Higdon and Fort Jackson Commanding General Brig. Gen. Bradley Becker cut the ribbon for a \$10 million Specialty Care and Women's Health Clinic. U.S. Army photo by Sgt. Michael Mahoney.



Congratulations to Moncrief Army Community Hospital for earning the U.S. Army Safety Excellence Streamer. Maj. Gen. Jimmie Keenan presented the award to Col. Mark L. Higdon, MACH Commander, and MACH 1st Sgt. Shawton Thomas. U.S. Army photo by Nichole Riley.

Mammogram saves life of LAHC employee

By Katherine I. Rosario

Lyster Army Health Clinic, Public Affairs

Lisa Hale, a licensed practical nurse at Lyster Army Health Clinic, used to work at a gynecologist office and often answered questions from nervous women about receiving a mammogram and what to expect during the exam. Hale, then 36, decided it was time to schedule her first exam so she could tell patients about her experience.

She almost didn't go to her appointment. After all, she didn't really need to get a mammogram until she was 40 years old, and she didn't have any family history of breast cancer, or any other type of cancer.

The exam ended up saving her life.

"My oncologist said that if I had waited until I was 40 it would have been too late," she said. "It made me think about all the women who schedule their appointment and then blow it off."

She was diagnosed with triple negative breast cancer, invasive ductal carcinoma, and was told that it was Stage 1, Grade 3 cancer.

"Triple negative is one of the fastest growing breast cancers and is mostly found in women under age 40. It is

also more likely to reoccur," she said. Hale underwent a mastectomy and chemotherapy to ensure the cancer was gone.

"Chemo was hard, but I was determined to get through it for my family," she said.

She uses her story to educate women on the importance of regular exams

and taking care of themselves. "Women can't get away with the 'no family history' excuse anymore, especially with me," she said. "It's a few quick pictures in a matter of seconds. You can handle it."

Regular mammograms, a healthy diet and exercise and knowing your family history can help lower your risk of breast cancer.



Lyster Army Health Clinic staff wears pink to help raise breast cancer awareness. Three of LAHC's staff members have beaten breast cancer and proudly show off the number of years they have been cancer free, first row, from left to right, Lisa Hale, Amy Stone and Cathy Ward. U.S. Army photo by Jan Carolan.

BAMC Counselor named 2013 AMEDD Beneficiary Counseling and Assistance Coordinator of the Year

The 2013 Beneficiary Counseling and Assistance Coordinator the Year Award is an honorary award given annually by U.S. Army Medical Command to recognize an individual for outstanding contribution as a BCAC. The 2013 winner is **Ms. Camisha Ruff** from **Brooke Army Medical Center**, Joint Base San Antonio-Fort Sam Houston, Texas. She will be recognized during an awards ceremony and will receive a letter of appreciation signed by the Army surgeon general, a certificate of appreciation, and a \$2,000.00 Special Act Award. Congratulations to Ms. Ruff and to all the nominees.

SRMC selects regional EOA, EOL of the year



Carl R. Darnall Army Medical Center nurse case manager, Capt. Rebecca Casinger, left, congratulates Staff Sgt. Dalton Rudd on his selection as Southern Regional Medical Command's Equal Opportunity Leader of the Year. The Fort Hood Soldier, who is a platoon sergeant with Company B, 1st Battalion, Warrior Transition Brigade, was selected because of his "competent and compassionate leadership" while serving as his company's EOL. According to his commander, Capt. Marcio Edouard, Rudd has been instrumental in increasing unit cohesion and organizational effectiveness, as well as supporting the advancement of fairness, equality, dignity and respect for the Soldiers, Family members, and civilians throughout the community. On behalf of SRMC commander, Maj. Gen. Jimmie O. Keenan, the Army medic was awarded the Army Commendation Medal during ceremonies held Dec. 11, 2013, at Fort Hood's WTB. U.S. Army photo by Gloria Montgomery.

SRMC Equal Opportunity Advisor of the Year

The Dwight D. Eisenhower Army Medical Center equal opportunity advisor was awarded the Southern Regional Medical Command's Equal Opportunity Advisor of the Year for 2013.

Sgt. 1st Class Michelle E. Berres has served as the DDEAMC Equal Opportunity Advisor for the past 13 months and was recognized by the regional command as the top EO advisor in the Southern region.

"Berres is a proven leader, a tremendous EO Advisor and she has the ability to make Soldiers feel comfortable while dealing with very delicate issues while never rushing to judgment. She has been an invaluable asset to the command." said Command Sgt. Maj. Timothy Sloan, DDEAMC Troop Command Sergeant Major.

SRMC Equal Opportunity Leader of the Year



Sgt. 1st. Class Michelle E. Berres receives her award for the SRMC Equal Opportunity Advisor of the Year for 2013 from Dwight D. Eisenhower Army Medical Center Commander Col. John P. Lamoureux and Command Sgt. Maj. Ricky Dean on Dec. 4, 2013, at DDEAMC on Fort Gordon, Ga. U.S. Army photo by Joe Smith, DDEAMC Medical Photographer, U.S. Army/Released.

Wounded Soldier hopes to ‘pay it forward’ as doctor

By Elaine Sanchez

Brooke Army Medical Center, Public Affairs

It took a devastating loss in Afghanistan for an Army officer to find his new calling.

Maj. Will Lyles, a bilateral amputee, is prepping night and day so he can ace the entry exams for medical school and become a doctor. It's a path this athlete and Special Forces Soldier never would have dreamed of just a few years earlier.

“I feel like being a doctor would allow me to continue to serve in the best possible way,” said Lyles, who had just stepped off a treadmill at the Center for the Intrepid. “It's my way of paying it forward after countless nurses, doctors and case managers [from Brooke Army Medical Center] worked so tirelessly to help me. “



Army Maj. Will Lyles walks on a treadmill at the Center for the Intrepid Jan. 15. Lyles, who was injured in Afghanistan in 2010, is hoping to “pay it forward” as a doctor. U.S. Army photo by Robert Shields

After college, Lyles decided a military career would put him on the right track. He joined the Army in 2003, and deployed twice to Iraq as an infantry officer.

Always striving for excellence, Lyles was accepted into the Special Forces Qualification Course in March 2009. “I wanted to work with the best -- the 1 percent of the 1 percent,” he said.

After graduation in April 2010, Lyles was assigned to the 7th Special Forces Group at Fort Bragg, N.C., and soon deployed to Afghanistan.

That summer, Lyles and his unit were en route to a key leader engagement in an Afghan village when they came under heavy insurgent fire in the outskirts of town. Lyles headed up a hill to assess the situation. It wasn't until he was moving back down that he stepped on an improvised explosive device.

The moment, he said, was strangely surreal. He looked down at his mangled legs and shouted for a medic while fighting to stay calm. “I kept thinking, ‘Don't freak out. Don't freak out.’ But at the same time I'm also thinking, ‘I'm going to die.’”

Fearing the worst, the father of four thought of his children and his family, and felt a “desperate calm” wash over him. Moments later the medevac arrived and he blacked out. He had lost his left leg above the knee and his right just below, suffered burns on his lower body and broke his femur and hand.

In Germany, he became critically ill from an infection in his right leg. He was flown to BAMC, where it took the removal of his knee and the bottom of his femur before the infection finally broke. “I felt very

fortunate to be alive,” he said.

Finally stable, this avid athlete and elite Soldier now had to come to terms with his future as a bilateral above the knee amputee.

“It was a big adjustment at first,” he said. “I remember lying in bed thinking ‘I'm going to have to be dependent on others for the rest of my life.’ That was huge for someone as independent as me.”

As he recovered in the hospital, Lyles began to receive a steady stream of visits from other wounded service members. He watched them stride in on prosthetic legs, and felt a glimmer of hope for his future. “These guys were driving, running, living their lives independently,” he said.

“Their visits helped me reach a turning point,” he added. “I could either feel sorry for myself or move on. I decided to move on.”

With his physical recovery on track, Lyles began to consider his future and how he could make the biggest difference. He thought back on the four years of care he'd received here and how much it meant to him.

“From the medics in the battlefield to doctors and nurses in every level facility along the way, they all had a profound effect on me,” he said. “I decided I could do great things as a doctor.”

“I'm determined to chase down this dream,” Lyles said. “The phenomenal help I received medically and personally after my injury ... I'm so grateful and now want to pass on that care to others.”



*Happy New Year
Southern Regional Medical Command*

Happy New Year, from our Family to yours. (SRMC leadership and their spouses, from left, Sgt. Maj. Janine Osterberg, Command Sgt. Maj. Jayme D. Johnson, retired Col. John Keenan, and Maj. Gen. Jimmie O. Keenan.)

Carl R. Darnall Army Medical Center
Fort Hood - Killeen, Texas

Reynolds Army Community Hospital
Fort Sill - Lawton, Okla.

Blanchfield Army Community Hospital
Fort Campbell - Hopkinsville, Ky./Clarksville, Tenn.

Fox Army Health Center
Redstone Arsenal - Huntsville, Ala.

Moncrief Army Community Hospital
Fort Jackson - Columbia, S.C.

**Dwight D. Eisenhower
Army Medical Center**
Fort Gordon - Augusta, Ga.

Winn Army Community Hospital
Fort Stewart - Hinesville, Ga.

Lyster Army Health Clinic
Fort Rucker - Enterprise, Ala.

Bayne-Jones Army Community Hospital
Fort Polk - Leesville, La.

Martin Army Community Hospital
Fort Benning - Columbus, Ga.

Brooke Army Medical Center
Fort Sam Houston - San Antonio, Texas

Southern Regional Medical Command
Joint Base San Antonio - Fort Sam Houston - San Antonio, Texas

4070 Stanley Road | JBSA-Fort Sam Houston, Texas | 78234-2715

Telephone: 210.295-2355, DSN: 421.2355

<http://www.srmc.amedd.army.mil>